(NPS Form 10-930) (NEW 10/00)

National Park Service Southeast Utah Group PO Box 907 Moab, UT 84532 Fax: (435) 719-2305

Phone: (435) 719-2233

(OMB No. 1024-0026) (Expires 12/31/2006)

Application for Special Use Permit

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information**. Allow at least four (4) business days for processing. A non-refundable processing fee may be required to accompany this application unless the requested use is an exercise of a First Amendment right. You will be notified of the disposition of the application and the necessary steps to secure your final permit. (Note: there may be additional fees charged, and you **may** be required to provide proof of liability insurance.)

Applicant Name:		Organization Name:	
Street/Address:		Street/Address:	
City/State/Zip Code:		City/State/Zip Code:	
Telephone #:		Telephone #:	
Cell phone #:		Cell phone #:	
Fax #:		Fax#:	
Description of Proposed A	ctivity (attach diagram):		
-			
Date (s):			
Event set up will begin	Event will begin	Event will end	Removal will be done:
Maximum Number of Par	ticinants	(DLa	pasa provida bast astimata)
	ticipants		
	ticipants		
Maximum Number of Veh			(attach parking plan)
Maximum Number of Veh	nicles		(attach parking plan)
Maximum Number of Veh Support Equipment (list al	niclesll equipment)		(attach parking plan)
Maximum Number of Veh Support Equipment (list al	nicles		(attach parking plan)
Maximum Number of Veh Support Equipment (list al Support Personnel (contra	niclesll equipment)ctors, etc. including address	es and telephones) ———	(attach parking plan)
Maximum Number of Veh Support Equipment (list al Support Personnel (contra	niclesll equipment)	es and telephones) ———	(attach parking plan)
Maximum Number of Veh Support Equipment (list al Support Personnel (contra Individual in charge of eve	nicles	es and telephones) ————————————————————————————————————	(attach parking plan)
Maximum Number of Veh Support Equipment (list al Support Personnel (contra Individual in charge of even Is this an exercise of First	ctors, etc. including address ent on site (include address, Amendment Rights?	es and telephones) ————————————————————————————————————	(attach parking plan) umbers): N
Maximum Number of Veh Support Equipment (list al Support Personnel (contra Individual in charge of even Is this an exercise of First Are you familiar with/ hav	ctors, etc. including address ent on site (include address, Amendment Rights? ve you visited the requested	es and telephones) ————————————————————————————————————	(attach parking plan) umbers):
Maximum Number of Veh Support Equipment (list al Support Personnel (contra Individual in charge of eve Is this an exercise of First Are you familiar with/ hay Do you plan to advertise of	ctors, etc. including address ent on site (include address, Amendment Rights? We you visited the requested or issue a press release?	es and telephones) ————————————————————————————————————	(attach parking plan) umbers): N
Maximum Number of Veh Support Equipment (list al Support Personnel (contra Individual in charge of eve Is this an exercise of First Are you familiar with/ hav Do you plan to advertise of Will you distribute printed	ctors, etc. including address ent on site (include address, Amendment Rights? We you visited the requested or issue a press release?	es and telephones) ————————————————————————————————————	(attach parking plan) umbers): N N N
Support Equipment (list all Support Personnel (contra Individual in charge of even Is this an exercise of First Are you familiar with/ have Do you plan to advertise of Will you distribute printed Is there any reason to belief	ctors, etc. including address ent on site (include address, Amendment Rights? We you visited the requested or issue a press release?	es and telephones) ————————————————————————————————————	(attach parking plan) umbers): N N N

The applicant by his or her signature certifies that all the information	rmation given is complete and correct, and that no			
false or misleading information or false statements have been given.				
G:	D .			
Signature	Date			

Note that this is an application only, and does not serve as permission to conduct a filming project or any other use of the park. If your request is approved, a permit containing applicable conditions and regulations will be sent to the person designated on the application. The permit must be signed and returned to the park prior to the event. This completed application should be mailed to:

Permit Coordinator National Park Service P.O. Box 907 Moab, Utah 84532 Phone: (435) 719-2223

FAX: (435) 719-2305 Email: ann_corson@nps.gov

Paperwork Reduction Act Statement: This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. All the applicable parts of the form must be completed. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 30 minutes per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service, Special Park Uses Program Manager, 1849 C Street NW (2460), Washington, D.C. 20240